

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ¹⁰²

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # **P00000008026**

1. Corporation Name
CORSAIR TRUCKING, INC.

Principal Place of Business 510 HAREM AVENUE OPA LOCKA FL 33054	Mailing Address 510 HAREM AVENUE OPA LOCKA FL 33054
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REINSTATEMENT 13-04
 MRS



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4/11/03 90211 033 *150.00

4. Date Incorporated or Qualified To Do Business in Florida	01/25/2000
5. FEI Number	65-0977345
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	CALDERON, JESUS	510 HAREM AVENUE	OPA LOCKA FL 33054
VS	CALDERON, JESUS M	510 HAREM AVENUE	OPA LOCKA FL 33054

600030065946
 03/03/04--01035--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALDERON, JESUS
 510 HAREM AVENUE
 OPA LOCKA FL 33054

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date _____
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: JESUS M CALDERON Secretary 305-687-5940
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

202

Secretary Of State:

Gentlemen,

Enclosed you will find an application for reimbursement for Corsair Trucking, Inc., and a check for \$150.00 for 2004 annual fee.

^{4/15/03}
Your letter of rejection and document for signature were never received, and that is why it was never mailed back to you.

Please excuse and accept enclosed document.

05-11-03
-3-

Jesus M Calderon 3-3-04

Jesus M Calderon
Vice President

Corsair Trucking, Inc